|   |  |                   |                                |       |                 |  |                  |       |                     | Application or Docket Number |                        |                     |                           |                        |
|---|--|-------------------|--------------------------------|-------|-----------------|--|------------------|-------|---------------------|------------------------------|------------------------|---------------------|---------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997   |  |                   |                                |       |                 |  |                  |       |                     | 084263                       |                        |                     |                           |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                   |                                |       |                 |  |                  | _     | SMALL ENTITY TYPE   |                              |                        | OR                  | OTHER THAN R SMALL ENTITY |                        |
| FOR   |  |                   | NUMBER FILED                   |       |                 | NUMBER EXTRA                           |                  |       | RATE                |                              | FEE                    |                     | RATE                      | FEE                    |
| BASIC FEE   |  |                   |                                |       |                 |  |                  |       |                     |                              | 395.00                 | OR                  |                           | 790.00                 |
| TOTAL CLAIMS  |  |                   | 22 minus 20 =                  |       |                 | • 2                                    |                  |       | x\$11=              | =                            |                        | OR                  | x\$22=                    | 44                     |
| INDEPENDENT CLAIMS  |  |                   | minus 3 =                      |       |                 | *                                      |                  |       | x41=                |                              |                        | OR                  | x82=                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                   |                                |       |                 |  | ┚┃               | +135: | =                   |                              | OR                     | +270=               |                           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                   |                                |       |                 |  |                  |       | TOTAL               | - [                          |                        | OR                  | TOTAL                     | 834                    |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                   |                                |       |                 |  |                  |       | SMALL ENTITY        |                              |                        | OR                  | OTHER THAN SMALL ENTITY   |                        |
| AMENDMENT A   |  | REMA<br>AF        | AIMS<br>AINING<br>TER<br>DMENT |       | NI<br>PRE       | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR | PRESENT<br>EXTRA |       | RATE                |                              | ADDI-<br>TIONAL<br>FEE |                     | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 6               | 22                             | Minus | ** 0            | 22                                     | =                |       | x\$11=              | =                            |                        | OR                  | x\$22=                    |                        |
|   | Independent  | *                 |                                | Minus | ***             | 3                                      | =                |       | x41=                |                              |                        | OR                  | x82=                      |                        |
| ′   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                   |                                |       |                 |  |                  |       | +135=               | =                            |                        | OR                  | +270=                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |                   |                                |       |                 |  |                  |       | TOTA<br>DDIT. FE    |                              |                        | OR ,                | TOTAL<br>ADDIT. FEE       |                        |
| AMENDMENT B   |  | CLA<br>REMA<br>AF | AIMS<br>AINING<br>TER          |       | HI<br>NI<br>PRE | GHEST<br>UMBER<br>EVIOUSLY<br>AID FOR  | PRESENT<br>EXTRA |       | RATE                |                              | ADDI-<br>TIONAL<br>FEE |                     | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | رُ •              | 2/                             | Minus | ** 6            | 22                                     | =                |       | x\$11=              | =                            | -                      | OR                  | x\$22=                    |                        |
|   | Independent  | *                 | 1                              | Minus | ***             | 3                                      | <u> </u>         |       | x41=                | 1                            |                        | OR                  | x82=                      |                        |
| ď   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                   |                                |       |                 |  |                  |       | +135=               | =                            | ·                      | OR                  | +270=                     |                        |
|   | . (Column 1) (Column 2) (Column 3)                           |                   |                                |       |                 |  |                  | Α     | TOTAL<br>ADDIT. FEE |                              |                        | OR TOTAL ADDIT. FEE |                           |                        |
| AMENDMENT C   |  | CLA<br>REMA       | AIMS<br>AINING<br>TER<br>DMENT |       | HI<br>NI<br>PRE | GHEST<br>UMBER<br>VIOUSLY<br>AID FOR   | PRESENT<br>EXTRA |       | RATE                |                              | ADDI-<br>TIONAL<br>FEE |                     | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                 |                                | Minus | **              |  | =                |       | x\$11=              | =                            | ····                   | OR                  | x\$22=                    |                        |
|   | Independent  | *                 |                                | Minus | ***             |  | =                |       | x41=                |                              |                        | OR                  | x82=                      |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                   |                                |       |                 |  |                  |       | +135=               | =                            |                        | OR                  | +270=                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                   |                                |       |                 |  |                  |       |                     |                              |                        |                     |                           |                        |